MISSOURI ETHICS COMMISSION

1. REPORT DATE	2. FUNCTION OF REPORT (CHE	OFFICE USE O	ONLY	
	NDEPENDENT EXPENDIT	URE		
	STATEMENT (S-1)	OR	BB	
	INTERNAL DISSEMINATIO	N		<i>A</i>
	REPORT (S-2)			76

NON-COMMITTEE EXPENDITURE REPORT INSTRUCTIONS ON REVERSE SIDE					STATEMENT (S-1) OR BB INTERNAL DISSEMINATION REPORT (S-2)			
3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) PUN WOOD PON NIA 1016								
4. MAILING ADDRESS	2/075 4/	1 636	01	15	TELEPHONE NUMBER			
4. MAILING ADDRESS 3 672 Abbey Rd. ADDRESS: Byrnes Mill MO 63051 314-952-642							6412	
CITY/STATE/ZIP: DYNNES JYLINI JYLO WSDST 3/9-9-34-0975								
6. TYPE OF ELECTION (CHECK ONE) PRIMARY GENERAL SPECIAL CAUCUS					DATE OF ELECTION	4-14		
8. TYPE OF REPORT (CHECK ONE) INITIAL REPORT REPORT WITHIN 14 DAYS OF ELECTION ADDITIONAL REPORT OTHER								
9. NAME OF CANDIDATE	10. OFFICE SOUGHT	11.CHECK ONE		HEDULE OF PENDITURES	13. NATURE AND	14. DATE		
OR BALLOT MEASURE	AND/OR POLITICAL	:		YEE NAME AND	PURPOSE OF	MADE	15. AMOUNT	
	SUBDIVISION	SUPP OPP		ADDRESS	EXPENDITURE			
All cundidates	State, County offices	\times	US, Fen Le	PS ton MO 3026	stamps	9-6-14	\$588.	
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16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)								
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO.								
SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT DATE 9-9-14								

MO 300-0697 (10-06)

Missouri Fibins Commission

S-1 OR S-2

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